DMV-1B Rev. 1/99

STATE OF WEST VIRGINIA DEPARTMENT OF TRANSPORTATION DIVISION OF MOTOR VEHICLES 1800 KANAWHA BOULEVARD EAST, BUILDING 3 CHARLESTON, WEST VIRGINIA 25317

VERIFICATION OF VEHICLE IDENTIFICATION NUMBER

(This form may be completed by any law enforcement officer)

THIS IS TO CERTIFY THAT I HAVE PHYSICALLY EXAMINED THE VEHICLE DESCRIBED HEREIN:

SECTION A				
Make	Model Year	Body Style	Title No.	State
Owner of the vehicl	e			
		(Name)		
(Ad	dress)	(City)	(State)	— (Zip)
I found the vehicle	identification numbe	r to be:		
	R DOCUMENTS REL	LE IDENTIFICATION NUN ATIVE TO THIS VEHICLE		ED FROM ANY
Signature of Officer				
Badge/Unit Number			Date	
i d e		identification number required, Section B m uired).	—	
SECTION B				
I hereby re above vehic		nt vehicle identification	n plate be issued for th	e
Reason for Request			-	
		(lost, stolen, destroye	ed, altered, etc.)	
hereby certify the c	confidential number	is:		
f the confidential vill be issued.	l number does no	t exist, a West Virgin	nia vehicle identificat	ion number
Authorized Agency _				
Signature of Officer				
Badge/Unit Number			ate	

This form must be executed with a typewriter or printed with ink. Any alterations or erasures will void this certification.